



**DENTAL BOARD OF CALIFORNIA**  
 1432 Howe Avenue, Suite 85, Sacramento CA 95825-3241  
 Telephone: (916) 263-2300  
 Fax: (916) 263-2140



## APPLICATION FOR SPECIAL PERMIT

Sections 1640-1642 – Business & Professions Code  
 Sections 1027-1027.1 – California Code of Regulations

### INSTRUCTIONS TO APPLICANT

All information requested in this application must be supplied by the applicant. Each question must be answered fully, truthfully, and accurately. *Any omissions or inaccuracies are grounds for denial.* The Dental Practice Act states that a willful false statement in a material regard is a MISDEMEANOR. If the space provided for any answer is not sufficient, the applicant may complete the answer on an addendum with his/her signature, specifying the number of the question to which the answer is related.

### FOR OFFICE USE ONLY

Receipt \_\_\_\_\_ RC # \_\_\_\_\_  
 Date \_\_\_\_\_ Application \_\_\_\_\_  
 Cashiered: \_\_\_\_\_ Fingerprint \_\_\_\_\_  
 Approved \_\_\_\_\_ Denied \_\_\_\_\_  
 Board Meeting Date \_\_\_\_\_

**FEES: Application - \$550**

**Fingerprint - \$ 56**

*(Please type or print legibly)*

1. NAME: Last First Middle

2. List other names you have used: (If change was made by a court order, attach a CERTIFIED COPY)

3. ADDRESS: City State Zip

4. BIRTHDATE: (Month/Day/Year)

5. SOCIAL SECURITY NO.

6. TELEPHONE NUMBER

( )

7a. School of Dentistry with which applicant has a pending employment contract.

- ☐ University of Southern California
- ☐ University of California, San Francisco
- ☐ University of California, Los Angeles
- ☐ University of the Pacific
- ☐ Loma Linda University

7b. Name of the ADA recognized Specialty you will be practicing.

7c. Status of employment:

- ☐ Full-Time Professor
- ☐ Full-Time Associate Professor
- ☐ Full-Time Assistant Professor

***PLEASE ATTACH A COMPLETED COPY OF THE CONTRACT***

<b>8. High School Education:</b>			
Name & Location of High School:			Date graduated:
<b>9. College or University Education ( Include Dental Education below)</b>			
Name & Location of Institution(s) Attended	Periods of Attendance (show exact dates)	Credit Received (Quarter or Semester Units)	Degree & Date
<b>10. Dental Education</b>			
Name & Location of Institution(s) Attended	Periods of Attendance (show exact dates)	Degree or Diploma earned, and date	
		<div style="display: flex; justify-content: space-between;"> <span>____ D.D.Sc.</span> <span>____ D.M.D</span> </div>	
		<div style="display: flex; justify-content: space-between;"> <span>____ D.D.S.</span> <span>____ Other (specify)</span> </div>	
		Date granted: _____	
<b>11. Postgraduate Study:</b>			
Name & Location of Institution(s) Attended	Periods of Attendance (show exact dates)	Name of Specialty Board	Are you a Diplomate?
<b>12. Certification of Dean of Dental College where degree was earned:</b>			
<p><b>I HEREBY CERTIFY</b> under penalty of perjury under the laws of the State of California that</p> <p>_____ matriculated in the _____</p> <p>Dental College the _____ day of _____, and attended _____ years, graduating with the degree</p> <p style="margin-left: 40px;">D.D.Sc.</p> <p>of D.D.S. on the date of _____, in the year _____.</p> <p style="margin-left: 40px;">D.M.D</p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 40%;"> <p>(Seal of College or University)</p> </div> <div style="width: 50%;"> <p>Signature of Dean _____</p> </div> </div>			
<p><b>13.(a) Have you been licensed to practice dentistry in any other state or country?</b> _____YES _____NO</p> <p>If YES, complete the following information:</p>			

State of Country	License Number and Date of Issue	Nature of Practice and Address	Dates of Practice in Issuing Agency's Jurisdiction						
			From (Mo/Yr)	To (Mo/Yr)					
13.(b) The country or states in which you are/were licensed must complete the enclosed <i>OUT-OF-STATE/COUNTRY LICENSURE CERTIFICATION</i> form.									
14. Has any disciplinary action ever been taken regarding any dental license ever held? ____YES ____NO Include any disciplinary actions by the U.S. Military, U.S. Public Health Service, or other U.S. federal government entity. If YES, give details below:									
<u>State</u>	<u>Date</u>	<u>Charge</u>	<u>Disposition</u>						
15. Have you ever been denied a license, permission to practice dentistry, or permission ____YES ____NO to take an examination in any state, country or U.S. federal jurisdiction? If YES, give details below:									
State or Country	Date of Denial	Reason for Denial							
16. Have you ever voluntarily surrendered a license to practice dentistry in another ____YES ____NO state or country? If YES, give details below:									
State	Date	Reason							
17. Are you now, or were you in the past, addicted to controlled substances, such as ____YES ____NO narcotics or alcohol?									
18. Have you ever been convicted of, or pled nolo contendere to a violation of any ____YES ____NO federal, state or local law relating to the manufacture, distribution or dispensing of controlled substances, or to drug addiction? If YES, give details:									
<b>Violation and Location</b>	<b>Date</b>	<b>Penalty or Disposition</b>							

19. Have you ever been convicted of, or pled nolo contendere to any offense, misdemeanor or felony in any state, the United States, or a foreign country? \_\_\_\_YES \_\_\_\_NO  
(except violations of traffic laws resulting in fines of \$150 or less.)

Applicants must report on their application for examination any convictions or pleas of nolo contendere irrespective of the subsequent order that expunges the criminal record under the provisions of Section 1203.4 of the Penal Code. This sections requires that applicants for licensure report any convictions to any state or local licensing agency even if the conviction is dismissed under the provisions of this section. **Applicants who answer NO to the question, when there is a previous conviction or plea, may have their application denied for knowingly falsifying the application pursuant to Section 480(c) of the Business and Professions Code.**

20. Executed in \_\_\_\_\_, on the \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_.  
City, State or Country

*I am the applicant for the Special Permit referred to in the application; I have carefully read the questions n the foregoing application and have answered them truthfully, fully and completely. I hereby authorize educational and other institutions, employers (past and present), business and professional associates (past and present) and all governmental agencies and instrumentalities (local state federal or foreign) to release to the Dental Board of California any information, files or records requested by the Board in connection with the processing of this application.*

*I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.*

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant

**NOTE:** An applicant, who signs this application when he is located outside California, shall swear to the truth of the statements contained herein before a notary public or other person authorized by law to administer oaths.

Subscribed and sworn before me on this

\_\_\_\_\_  
Signature of Notary

\_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_.

\_\_\_\_\_  
Address

(Notary Seal)

My commission expires \_\_\_\_\_

**NOTE:** Board regulations require two “classifiable” fingerprint cards to complete the application for Special Permit. If approved, the Special Permit will not be issued until the clearance has been received by the Department of Justice and the Federal Bureau of Investigation.

#### INFORMATION COLLECTION AND ACCESS

*Agency requesting information: Department of Consumer Affairs, Dental Board of California, 1432 Howe Avenue Suite 85, Sacramento CA 95825-3241, (916) 263-2300.*

The information in this application is mandatory and is Maintained by the Executive Officer in accordance with Business and Professions Code, Division 2, Chapter, 4, Section 1600, et seq. Except for Social Security number, the information requested will be used to determine eligibility for a Special Permit. Failure to provide all or any part of the requested Information will result in the application being rejected as incomplete.

Disclosure of your Social Security number is mandatory. Section 30 of the Business and Professions Code and Pub. L 94-455(42 U.S.C.A. 405(c)(2)(C) authorizes collection of your Social Security number. Your Social Security number will be used exclusively for tax enforcement purposes, or for compliance with any judgment or order for family support in accordance with Section 11350.6 of the Welfare and Institutions Code, or for verification of licensure or examination status by a licensing or examination board, and where licensing is reciprocal with the requesting state. If you fail to disclose your Social Security number, you will be reported to the Franchise Tax Board, which may assess a \$100 penalty against you.

*Each individual has the right to review the personal information maintained by the agency, unless the records are exempt from disclosure.*